

08/945459

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

02/19/1998 WCLAYBRO 00000024 08945459
01 FC:970 930.00 OP

11/03/1997 WCLAYBRO 00000058 08945459
01 FC:960 1070.00 OP

Adjustment date: 02/19/1998 WCLAYBRO
11/03/1997 WCLAYBRO 00000058 08945459
01 FC:960 -1070.00 OP

Repln. Ref: 02/19/1998 WCLAYBRO 0017023300
DAH:022275 Name/Number:08945459
FC: 704 \$140.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: _____		2 Serial/Pat nt # <u>08/945459</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT <div style="text-align: right;">\$ <u>140</u></div>
<input checked="" type="checkbox"/>	Filing																						
<input type="checkbox"/>	Amendment																						
<input type="checkbox"/>	Extension of Time																						
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<input type="checkbox"/>	Maintenance																						
<input type="checkbox"/>	Assignment																						
<input type="checkbox"/>	Other																						
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND <div style="text-align: right;">\$ <u>140</u></div>																					
10 REASON: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: </div>																					
<input checked="" type="checkbox"/> Overpayment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>		0	2	--	2	2	7	5													
0	2	--	2	2	7	5																	
<input type="checkbox"/> Duplicate Payment																							
<input type="checkbox"/> No Fee Due (Explanation):																							
11 REFUND REQUESTED BY: _____																							
TYPED/PRINTED NAME: <u>Eless D. Brown</u>		TITLE: <u>Paralegal</u>																					
SIGNATURE: <u>Eless D. Brown</u>		PHONE: <u>305-3659</u>																					
OFFICE: <u>PCT-DO-EO</u>																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

TO: OFFICE OF FINANCE
CRYSTAL PLAZA 2

SERIAL NUMBER: 08/945459

FROM: PCT INTERNATIONAL DIVISION DO/EO
CRYSTAL PLAZA 2

PLEASE PROCESS THE FOLLOWING CORRECTIONS:

FROM		TO	
FEE CODE	AMOUNT	FEE CODE	AMOUNT
<u>960</u>	<u>1070</u>	<u>970</u>	<u>930</u>
<u> </u>	<u> </u>	<u>704</u>	<u>140</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

OTHER:

THE ORIGINAL METHOD OF PAYMENT WAS:

✓ BY A CHECK

 BY A CHARGE TO DEPOSIT ACCOUNT

DO/EO FEE CORRECTION ACCOUNT NO

ELESS BROWN